

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 04, 2006
Secretary of State**

DOCUMENT# N04000005222

Entity Name: DIVINE DAUGHTERS OF DESTINY MINISTRY, INC.

Current Principal Place of Business:

P O BOX 33086
PENSACOLA, FL 325083086

New Principal Place of Business:

Current Mailing Address:

P O BOX 33086
PENSACOLA, FL 325083086

New Mailing Address:

FEI Number: 42-1680063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STALLWORTH, SHANEATHA
6520 BELLVIEW PINES RD
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHANEATHA W. STALLWORTH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STALLWORTH, SHANEATHA
Address: 6520 BELLVIEW PINES RD
City-St-Zip: PENSACOLA, FL 32526

Title: VP () Delete
Name: HUDSON, CYNTHIA
Address: 208 SIBLEY AVE
City-St-Zip: KANKAKEE, IL 60901

Title: S () Delete
Name: STALLWORTH, TALACEY
Address: 7940 DARTMOOR CIR
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: PEACOCK, MILDRED
Address: 835 MASS AVE
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA HUDSON

VP

01/04/2006

Electronic Signature of Signing Officer or Director

Date